

UNITED STATES BANKRUPTCY COURT
EASTERN DISTRICT OF TENNESSEE
CHATTANOOGA DIVISION

In re: TAMMY LYNN SISEMORE	§	Case No. 16-14227-NWW
	§	
	§	
Debtor(s)	§	

CHAPTER 13 STANDING TRUSTEE'S FINAL REPORT AND ACCOUNT

KARA L WEST, Chapter 13 Trustee, submits the following Final Report and Account of the administration of the estate pursuant to 11 U.S.C § 1302(b)(1). The Trustee declares as follows:

- 1) The case was filed on 09/30/2016.
- 2) The plan was confirmed on 11/23/2016.
- 3) The plan was modified by order after confirmation pursuant to 11 U.S.C § 1329 on NA.
- 4) The Trustee filed action to remedy default by the debtor(s) in performance under the plan on NA.
- 5) The case was dismissed on 08/14/2018.
- 6) Number of months from filing or conversion to last payment: 20.
- 7) Number of months case was pending: 24.
- 8) Total value of assets abandoned by court order: NA.
- 9) Total value of assets exempted: \$3,775.00.
- 10) Amount of unsecured claims discharged without full payment: \$0.00.
- 11) All checks distributed by the Trustee relating to this case have cleared the bank.

Receipts:

Total paid by or on behalf of the debtor(s)	\$ 19,676.29	
Less amount refunded to debtor(s)	\$ 0.00	
NET RECEIPTS		\$ 19,676.29

Expenses of Administration:

Attorney's Fees Paid Through the Plan	\$ 3,000.00	
Court Costs	\$ 310.00	
Trustee Expenses & Compensation	\$ 700.89	
Other	\$ 0.00	
TOTAL EXPENSES OF ADMINISTRATION		\$ 4,010.89
Attorney fees paid and disclosed by debtor(s):	\$ 0.00	

Scheduled Creditors:

Creditor Name	Class	Claim Scheduled	Claim Asserted	Claim Allowed	Principal Paid	Interest Paid
GLHEC & AFFILIATES	Uns	13,655.15	13,993.84	13,993.84	0.00	0.00
SECURITY FINANCE OF GEORGIA,	Uns	500.00	473.50	473.50	5.01	0.00
HUTCHESON MEDICAL CENTER	Uns	4,217.28	3,220.92	3,220.92	0.00	0.00
SN SERVICING CORPORATION	Con	46,000.00	0.00	0.00	12,907.03	0.00
SN SERVICING CORPORATION	Sec	0.00	7,146.47	7,146.47	2,753.36	0.00
CHCHA DBA ERLANGER HEALTH	Uns	0.00	5,491.80	5,491.80	0.00	0.00
SN SERVICING CORPORATION	Sec	0.00	150.00	150.00	0.00	0.00
SUNRISE ACCEPTANCE	Sec	11,969.00	NA	NA	0.00	0.00
GEORGIA DEPT OF REVENUE	Pri	0.00	NA	NA	0.00	0.00
ARS ACCT RESOLUTION/EMER	Uns	131.00	NA	NA	0.00	0.00
ASSOCIATES IN WOMENS HEALTH	Uns	40.00	NA	NA	0.00	0.00
CAPITAL ONE	Uns	473.00	NA	NA	0.00	0.00
CARECENTRIX	Uns	238.00	NA	NA	0.00	0.00
CHAD SMITH MD	Uns	155.00	NA	NA	0.00	0.00
CREDIT ONE BANK	Uns	572.00	NA	NA	0.00	0.00
DIAGNOSTIC RADIOLOGY	Uns	200.00	NA	NA	0.00	0.00
EMERGENCY COVERAGE CORP	Uns	2,362.00	NA	NA	0.00	0.00
HUTCHESON	Uns	290.00	NA	NA	0.00	0.00

Scheduled Creditors:

Creditor		Claim	Claim	Claim	Principal	Interest
<u>Name</u>	<u>Class</u>	<u>Scheduled</u>	<u>Asserted</u>	<u>Allowed</u>	<u>Paid</u>	<u>Paid</u>
HUTCHESON PHY SVCS	Uns	181.70	NA	NA	0.00	0.00
LABCORP	Uns	403.00	NA	NA	0.00	0.00
LCA COLLECTIONS	Uns	403.00	NA	NA	0.00	0.00
LVNV FUNDING	Uns	672.00	NA	NA	0.00	0.00
MEDICAL INFUSION	Uns	1,416.00	NA	NA	0.00	0.00
MEMORIAL HEALTH PARTNERS	Uns	43.00	NA	NA	0.00	0.00
MEMORIAL OUTREACH LAB	Uns	69.00	NA	NA	0.00	0.00
NEXTERAMD	Uns	149.00	NA	NA	0.00	0.00
OPTIMA RECOVERY SERVICES N	Uns	35.00	NA	NA	0.00	0.00
PATH GROUP	Uns	3,389.00	NA	NA	0.00	0.00
PHYSICANS BUSINESS BUREAU	Uns	40.00	NA	NA	0.00	0.00
PREFORMANCE PHYSICAL	Uns	908.05	NA	NA	0.00	0.00
PREMIER SLEEP	Uns	120.00	NA	NA	0.00	0.00
RECEIVABLE RECOVERY	Uns	463.00	NA	NA	0.00	0.00
REVENUE RECOVERY	Uns	187.16	NA	NA	0.00	0.00
RMA JAX ATLBSM/NORTH	Uns	256.00	NA	NA	0.00	0.00
SCANA ENERGY	Uns	212.00	NA	NA	0.00	0.00
TCFPA	Uns	514.00	NA	NA	0.00	0.00
TRIDENT ASSET MNAGEMENT	Uns	97.00	NA	NA	0.00	0.00
UT ERLANGER HEALTH NETWORK	Uns	11,436.00	NA	NA	0.00	0.00
VCA CATOOSA ANIMAL HOSP	Uns	101.00	NA	NA	0.00	0.00
CLERK U S BANKRUPTCY COURT	Adm	0.00	310.00	310.00	310.00	0.00
JAMES M SETTERS ATTY	Lgl	0.00	3,000.00	3,000.00	3,000.00	0.00

Summary of Disbursements to Creditors:

	Claim Allowed	Principal Paid	Interest Paid
Secured Payments:			
Mortgage Ongoing	\$ 150.00	\$ 12,907.03	\$ 0.00
Mortgage Arrearage	\$ 7,146.47	\$ 2,753.36	\$ 0.00
Debt Secured by Vehicle	\$ 0.00	\$ 0.00	\$ 0.00
All Other Secured	\$ 0.00	\$ 0.00	\$ 0.00
TOTAL SECURED:	\$ 7,296.47	\$ 15,660.39	\$ 0.00
Priority Unsecured Payments:			
Domestic Support Arrearage	\$ 0.00	\$ 0.00	\$ 0.00
Domestic Support Ongoing	\$ 0.00	\$ 0.00	\$ 0.00
All Other Priority	\$ 0.00	\$ 0.00	\$ 0.00
TOTAL PRIORITY:	\$ 0.00	\$ 0.00	\$ 0.00
GENERAL UNSECURED PAYMENTS:	\$ 23,180.06	\$ 5.01	\$ 0.00

Disbursements:

Expenses of Administration	\$ 4,010.89	
Disbursements to Creditors	\$ 15,665.40	
TOTAL DISBURSEMENTS:		\$ 19,676.29

12) The Trustee certifies that, pursuant to Federal Rule of Bankruptcy Procedure 5009, the estate has been fully administered, the foregoing summary is true and complete, and all administrative matters for which the Trustee is responsible have been completed. The Trustee requests a final decree be entered that discharges the Trustee and grants such other relief as may be just and proper.

Date: 10/04/2018

By: /s/ Kara L West
Trustee

STATEMENT: This Uniform Form is associated with an open bankruptcy case, therefore, Paperwork Reduction Act exemption 5 C.F.R. § 1320.4(a)(2) applies.